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ABSTRACT

This final report details the activities of the Charlotte Circle Outreach, a program designed to provide technical assistance and training to early intervention programs offering services to infants and young children with substantial disabilities, ages birth through two years. This mission was accomplished through cooperative planning with Individuals with Disabilities Education Act Part H Coordinators in five participating states (Kentucky, Maryland, Michigan, North Carolina, and Pennsylvania) and one territory (U.S. Virgin Islands) and the development of replication sites in these areas. Intervention efforts were based on the Charlotte Circle Project, an early intervention model that emphasizes changing the child's and caregiver's vulnerability to environmental effects and enhancing the quality of interaction between children with disabilities and their caregivers. The goal of the Charlotte Circle Project efforts has been to strengthen the reciprocal nature of mutually satisfying social interactions, including increasing the social responsiveness of children and increasing caregivers' ability to read and respond to their children's cues. Partnership with parents and parent choice in designing the intervention program have been hallmarks of this efforts. Evaluation efforts found that replication sites were effective in implementing the social reciprocity model. Further, evaluation efforts indicate that children and families have benefited from services and view services positively. (CR)

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Charlotte Circle Outreach

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: H024D0006-93
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Charlotte Circle Outreach
1991-1994

Abstract

The purpose of Charlotte Circle Outreach was to provide technical assistance and training to early intervention programs offering services to infants and young children with substantial disabilities in the age range birth through two years. This mission was accomplished through cooperative planning with Part H Coordinators in five participating states and one territory and the development of replication sites in each of these areas. Participating states / replication sites were as follows:

State	Replication Site
Kentucky	Visually Impaired Preschool Services (VIPS), Louisville, KY
Maryland	CHILD Center Silver Spring, MD
Michigan	Rochester Community Schools Rochester, MI
North Carolina	Sandhills Children's Center Southern Pines, NC -and- St. Mark's Circle School Charlotte, NC
Pennsylvania	Blair County Children's Center, Inc. Altoona, PA
U.S. Virgin Islands	Department of Health

Intervention efforts were based on the Charlotte Circle Project, an early intervention Model Demonstration Project, funded by Handicapped Children's Early Education Program (HCEEP), Office of Special Education Programs, U.S. Department of Education. This project was operated by the College of Education at UNC Charlotte in collaboration with St. Mark's Developmental School (now St. Mark's Circle School), a private nonprofit agency providing educational and therapeutic services to individuals with developmental disabilities in Mecklenburg County, NC. After the federal funding period ending, local funding to continue the program was obtained through the Mecklenburg County

Commission. The Charlotte Circle classrooms have continued to serve as demonstration classrooms for outreach efforts.

Charlotte Circle Outreach has contributed to the development of helpful early intervention for very young children with severe disabilities. The Charlotte Circle model of intervention emphasizes changing the child's and caregiver's vulnerability to environmental effects and enhancing the quality of interaction between children with disabilities and their caregivers. The goal of Charlotte Circle efforts, using a social reciprocity model, has been to strengthen the reciprocal nature of mutually satisfying social interactions: increasing the social responsivity of children (smiling, eye contact, orienting to parents, verbal responses, imitative responses, ability to receive comfort) and increasing caregivers' ability to read and respond to their children's cues. Partnership with parents and parent choice in designing the intervention program have been hallmarks of this effort.

The Outreach efforts in this project have had three phases:
Phase 1. Identification of replication sites and training of all intervention staff in social reciprocity intervention. (Year 1)
Phase 2. Data collection across the replication sites to assess the effectiveness of the interventions and the satisfaction of staff / parents with intervention efforts. (Year 2)
Phase 3. Further dissemination of the model, with dissemination efforts led by replication sites. (Year 3)

Evaluation efforts found that replication sites were effective in implementing the social reciprocity model. Further, evaluation efforts indicate that children and families have benefited from services and view services positively. Improved quality of life for young children with severe disabilities and their families and increased effectiveness and confidence of early intervention programs to respond appropriately to the needs of children and families have been outcomes of Charlotte Circle Outreach.

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GOALS AND OBJECTIVES

Goal 1.0 Support the participating Outreach states in their development of birth-two services.

1.1 Work with each participating Part H coordinator to identify consultation and training needs with which we can be of assistance.

1.1.1 Identify needs assessment instruments and procedures.

1.1.2 Conduct needs assessment in each participating state.

1.1.3 Identify training/consultation services to be provided in each participating state.

1.2 Disseminate information based on needs assessment.

1.3 Conduct state and/or regional training workshops based on needs assessment.

1.4 Conduct on-site consultations based on needs assessment.

Goal 2.0 Build an early intervention network among the participating Outreach states.

2.1 Develop a mailing list of replication site staff, Part H Coordinators, and other interested individuals / programs in the participating states.

2.2 Publish a quarterly newsletter for the above group, sharing promising practices from Charlotte Circle Outreach and participating agencies.

2.3 Develop a Charlotte Circle Outreach Advisory Board with representatives from each participating state, including parents.

2.4 Hold gatherings of Charlotte Circle Outreach participants during the annual meeting of the Division for Early Childhood of the Council for Exceptional Children.

2.5 Use Charlotte, NC internships at St. Mark's School as an opportunity to bring together practitioners from various replication sites.

2.6 Serve as facilitator (information broker) for agency-to-agency and practitioner-to-practitioner information sharing.

Goal 3.0 Develop at least one replication site in each participating state.

3.1 In consultation with Part H Coordinators, identification of replication sites is finalized.

3.2 Draw profiles of replication sites, including service delivery models, staffing patterns, number and ages of children served, characteristics of children enrolled in

the program, community and program demographics, perceived needs and perceived strengths of program.

3.3 Conduct a needs assessment with each replication site to determine perceived strengths / needs in the following areas:

- 3.3.1 understanding / application of social reciprocity interventions
- 3.3.2 family focus of early intervention
- 3.3.3 opportunities for children with special needs to interact with non-disabled age peers
- 3.3.4 flexible, responsive programming
- 3.3.5 ability to meet needs of special populations including:
  - 3.3.5.1 medically fragile children
  - 3.3.5.2 children with severe / profound disabilities
  - 3.3.5.3 children with prenatal drug exposure
  - 3.3.5.4 children with chronic congenital infections
- 3.3.6 administrative issues / concerns
- 3.3.7 staff development issues / concerns
- 3.3.8 issues in strengthening parent-professional partnerships
- 3.3.9 issues in interagency cooperation

3.4 Based on this needs assessment, develop an individualized consultation plan agreement with each participating replication site.

3.5 Hold training workshops at each replication site.

3.6 Conduct week-long internships at the Outreach demonstration site, St. Mark's Developmental School.

3.7 Replication sites implement social reciprocity interventions.

3.8 Replication sites will accomplish additional goals established through needs assessment process.

3.9 Replication sites will host and conduct regional or statewide training workshops, with the support of the Outreach staff.

Goal 4.0 Dissemination

4.1 Update and maintain the Annotated Bibliography of Charlotte Circle Outreach working papers, publications, and products.

4.2 Distribute Annotated Bibliography at conference presentations.

4.3 Distribute working papers and publications in response to requests received or as handouts at conference presentations.

4.4 Seek publication of working papers in journals directed toward early intervention personnel.

4.5 Present findings at national and regional conferences.

4.6 Complete annual evaluation reports of project's effectiveness.

Goal 5.0 Evaluation

5.1 Collect evaluation data.

5.2 Review evaluation data each summer and make appropriate project modifications.

5.3 Analyze data.

5.4 Complete annual and final reports.

CONCEPTUAL FRAMEWORK

Charlotte Circle Outreach is an early intervention model designed to strengthen appropriate services for infants and toddlers with severe disabilities and their families. The model is based on the concept of *social reciprocity.*

Social reciprocity refers to the ongoing interactional process between infants and their primary caregivers (Bromwich, 1981). The process is set into motion as the infant gives signals or behavioral cues to a parent, who interprets and respond to these cues. The parent I turn gives signals that the infant gradually learn to read. This mutual learning to understand and respond to each other's cues forms the core of a complex interactional system that influences the child's development (Brazelton, Koslowski, & Main, 1974).

The concept of bi-directional influence on the child and the environment was introduced formally by Bell in his reexamination of the literature on early socialization. Bell (1974, 15) defined the *parent-child system* as ". . . a reciprocal relation involving two or more individuals who differ greatly in maturity although not in competence, in terms of ability to affect each other." Not only is the infant or child influenced by its social world, but the child in turn influences the world. Behavior occurs in the context of social interaction. The infant's behavior may occur in response to a parental behavior or may initiate parent behavior. For example, Lewis and Lee-Painter (1974) found that 44% of infant behavior occurs during interaction, with smiling always a response and babbling frequently a response to another's behavior.

Social reciprocity issues may be of great important for young children with severe disabilities and their families. A review of observational studies of such mother-infant dyads reveals a typical interaction pattern: Mother of young children with mental retardation initiate fewer interactions and are less likely to respond positively to their children than are mothers of nondisabled developmentally match children (Tyler, Kogan, & Turner, 1974; Ramey et al., 1978; Burkhalt, Rutherford & Goldberg, 1978; Cunningham et al, 1981; Levy Shiff, 1986). In these studies, children with mental retardation were also found to be less responsive: They laughed, smiled, socialized, vocalized to, and moved toward their parents less often than did nondisabled children.

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The reciprocal nature of parent-child interactions may be disrupted or distorted as a function of certain characteristics associated with severe or profound disabilities, including (a) nonresponsiveness - the child's inability to "take in," thrive on, and feel comfort; (b) atypical motor responses; and (c) atypical daily living needs (Ramey, Beckman-Bell, & Gowen, 1980). For example, a parent's attempts to cuddle an infant with sever motor problems may be met with body extension and retraction instead of the expected molding to the parent's body (Langley, 1980). Such behavior may cause a parent to feel rejected by the infant, or the infant may seem to be expressing physical discomfort. Over time, the parent may begin to feel ineffective as a caregiver, which will further complicate and impede positive interaction with the child.

Social reciprocity interventions are services that acknowledge and focus on the reciprocal and circular nature of parent-child interactions. In recent years, the focus on parent-infant interaction has generated increased research interest in treatments to promote interaction, including turn-taking instruction, interactive coaching, and guided interventions, as well as social reciprocity interventions (McDonald & Gillette, 1986; Mahoney, Powell & Finger, 1986; McCollom, 1984; Snell, 1987). The Charlotte Circle Project has conducted research to identify key behaviors that contribute to enhanced relationships (Rose, Spooner & Calhoun, 1988). Interaction analyses and interview studies were conducted with similar results. Parents identified the following behaviors of children as pleasant, fun, rewarding:

- *child grins, laughs, smiles*
- *child imitates parent behavior; playfulness; anticipates parent's behavior*
- *child attempts to communicate, including cooing, singing, babbling, special sounds, responses to verbal requests*

Parents also identified those behaviors which were difficult, stressful or uncomfortable:

- *child cries; does not want to be held; demonstrates poor soothability*
- *child is passively unresponsive; "tunes out"*
- *child emits atypical motor responses*

The conceptual framework of this project underscores the importance for children to expand their repertoire of behavior to increase their social responsiveness to caregivers through smiling, communication, and playful interaction. It is also important for children to decrease behaviors, such as crying, that parents identify as stressful, aversive, and unpleasant.

This Outreach effort trained replication sites in *social reciprocity interventions.* Additionally, the Outreach training attempted to reflect best practices in staff development and technical assistance.

The following principles guided the work of Charlotte Circle Outreach:

1. There is a strong need for networking and social support among early interventionists.
2. Outreach training should be based on principles of adult learning.
3. Carefully prepared training materials strengthen training and technical assistance.
4. As early intervention programs resolve the start-up issues of enrollment, staffing, assessment, and service delivery, there is a genuine hunger for support in providing effective high quality services to children and families on a day-to-day basis at a program-specific level.
5. While awareness-level Outreach activities have had a positive impact, on-going relationships with states and agencies have a significantly greater impact.

DESCRIPTION OF MODEL AND ADOPTION SITES

The Charlotte Circle Model was developed by the University of North Carolina at Charlotte in collaboration with St. Mark's Developmental School, a private nonprofit agency providing educational and therapeutic services to individuals with developmental disabilities in Mecklenburg County, North Carolina, an area with a population of approximately 500,000.

The project developed a classroom-based and home-based model of service delivery. The project developed a classroom-based and home-based model of service delivery for children in the age range birth-two with severe disabilities. Classroom programming occurred from 9:00 am to 1:00 pm daily. Parents could enroll their children for three or five days a week, with optional extended hours for day care. The classroom component provided intensive early education services while serving as a laboratory for the development of effective social reciprocity interventions for each child in the program.

The classroom staff included two special education teachers, one certified occupational therapy assistant, and one paraprofessional. Community volunteers and university students provided important instructional assistance. Consultants in speech therapy, occupational therapy, physical therapy, family services, and pediatrics were available as needed.

Monthly home visits were scheduled for each family. The purposes of the home visits were to jointly establish the child's goals, to share information with important people in the child's life, and to provide instruction and support in areas of need identified by the parents.

The children enrolled in the project were identified as having severe disabilities according to this definition: the children (a) functioned in the severe range of developmental delay (at least four standard deviations below the mean on a particular developmental or cognitive test): or (b) exhibited severe functional difficulties or complex and multiple sensorimotor disabilities that , without intervention, placed them at risk for severe mental retardation or developmental delays. The mean age at the time of admission was 18.9 months, with a range of 7 months to 33 months. Diagnoses at the time of admission included mental retardation, cerebral palsy, microcephaly, and hearing and vision losses. Etiologies of the

disabling conditions included prenatal infections (herpes simplex and cytomegalovirus), prenatal asphyxia, hyaline membrane disease, meningitis, respiratory distress syndrome, prematurity and stroke.

The model demonstration site provided the setting for the development of the social reciprocity curriculum, The Charlotte Circle Intervention Guide for Parent-Child Interactions (Calhoun, Rose, & Prendergast, 1991). The Outreach effort focused on examining the utility of this intervention focus in a wider variety of early intervention settings. After all, very few early intervention programs are designed specifically for children with severe disabilities, yet most intervention programs will serve some children with severe disabilities. The Outreach effort, then, attempted to increase the capacity of early intervention programs to provide effective services for very young children with severe disabilities. The replication sites are as follows:

Visually Impaired Preschool Services
Louisville, KY

VIPS is a private, nonprofit agency offering home-based early intervention services to young children who are visually impaired including children who are visually impaired with multiple disabilities. The program offers both home-based services to families and consultative services for children being served by the local educational agency. The program's main goals are to maximize the child's visual potential, encourage full community involvement and aid the child and family with successful school placement.

CHILD Center
Silver Springs, MD

CHILD Center is a private, nonprofit early childhood special education program that offers center-based services to 45 children with special needs in the age range of 14 months - 5 years. The target population is children who are neurologically impaired, have multiple disabilities, and are medically fragile. Program goals include independence in self-help skills, communication skills, ambulation, and social interaction.

Rochester Community Schools
Rochester, MI

Rochester Community Schools offers a school-based program which serves children with mild to severe disabilities (ages 2-5) in an inclusive preschool classroom setting.

Sandhills Children's Center
Southern Pines, NC
Sandhills Children's Center is a private nonprofit day school funded by the NC Department of Human Resources, NC Department of Public Instruction, county government, United Way, and private contributions. The program offers center-based services within an integrated preschool / daycare format. Typically developing children from the community have been enrolled for preschool and daycare resulting in a reverse mainstreaming model.

Blair County Children's Center, Inc.
Altoona, PA
Blair County Children's Center is a private nonprofit agency offering predominately ho m e-based early intervention services to children with disabilities in the age range birth -two and their families within Blair County, PA. The program supplements home-based early intervention with regular play groups for participating children and family members.

Department of Health
U.S. Virgin Islands
Early intervention services in the U.S. Virgin Islands are directed by the Department of Health and focus on transdisciplinary home-based services.

PROBLEMS AND HOW THEY WERE RESOLVED

The initial grant proposal identified Georgia as a participating state. While we worked closely with the Part H Coordinator in Georgia, we were unsuccessful in identifying a replication site. Ms. Wendy Sanders, Part H Coordinator, indicated that initial start-up efforts for early intervention in Georgia were requiring all available attention from her office and that most local services were not yet ready for the curriculum development / data collection work required in this project. While we indicated a willingness to provide technical assistance and training on an as-requested basis, we felt that it was inappropriate to press for a replication site in Georgia.

We were able to meet our goal of seven replication sites by adding a second North Carolina site (Sandhills Children's Center) and by working with two sites in the U.S. Virgin Islands (St. Thomas and St. Croix).

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EVALUATION FINDINGS

Evaluation of Project Effectiveness: Ratings by Participants

The emphasis of the first project year was training all replication site staff members in the Charlotte Circle model. All replication sites participated in training workshops on social reciprocity interventions for young children with severe disabilities. This training was the essential first step in establishing replication sites. 164 early interventionists across the seven sites participated in this training; Table 1 which follows summarizes their evaluation of the experience. Perhaps the most telling evaluation result is this: When asked *"Would you recommend this training for early interventionists in other states?"*, 96% answered "yes."

The most useful aspects of the training, as named by the participants, were as follows: curriculum guide, social reciprocity focus, relaxation techniques, working with medically fragile children, networking with other professionals, Spanish handouts, early communication, smiling, calming crying / soothability, imitation, play, infant massage, drug exposed babies, working papers.

Evaluation of Project Effectiveness: Efficacy of Social Reciprocity Interventions

The emphasis of the second project year was an examination of the replication sites' work with social reciprocity interventions and effectiveness of those interventions. Seventy-seven children across the replication sites had Individualized Family Services Plans which included social reciprocity goals. The most popular target behaviors were imitation (verbalizations, activities or physical games) and interactions (with objects or playthings). Vocalization skills and communication skills were selected nearly as often. Staff members' ratings of the success of these interventions indicated that the majority of goals were reached in the specified time period.

Pre-post measures on the development of children who received social reciprocity interventions were obtained, using the Developmental Activities Screening Inventory - II. Results are as follows:

n = 64

age: 3 months - 34 months at start of intervention (mean=18 months)

Pre/Post Test Comparisons: Children in Replication Sites Receiving Social Reciprocity Interventions

	Pretest	Posttest	Significa
raw score	13	20	p<.02
developmental quotient	43.3	44.8	p<.02

Parents gave the effectiveness of the interventions very high ratings. These results are summarized in Table 2.

PROJECT IMPACT

Strong dissemination activities were built into the project with the requirement that each replication site conduct a training event on the Charlotte Circle model to reach a broader audience of early interventionists. A summary of those dissemination efforts follows:

1. CHILD Center held a one-day training event for early interventionists in Montgomery County, MD (November 5, 1993).
2. Visually Impaired Preschool Services developed a social reciprocity module and conducted three on-day workshops on preschool services for blind children for the Kentucky Department of Human Resources (Spring 1994).
3. Blair County Children's Center sponsored a one-day conference through the Instructional Support System of Pennsylvania (April 18, 1994).
4. The Department of Health of the United States Virgin Islands conducted a day long workshop on St. Croix (May 12) and St. Thomas (May 13).
5. Rochester Community Schools hosted a day-long regional conference (September 1994).
6. St. Mark's Children's Services and Sandhills Children's Center co-hosted a three-day conference (September 1994) for all Developmental Day Centers in North Carolina.

Project impact can be gauged as well by a listing of the products available through the project. A key contribution is the project's curriculum guide which is commercially available:

Calhoun, M.L., Rose, T. L., & Prendergast, D.E. (1991). Charlotte Circle intervention guide for parent-child interactions. Tucson, AZ: Communication Skill Builders.

All replication site participants received a copy of this training manual. Other products are summarized in Table 3 which follows.

Charlotte Circle Outreach

STATEMENT OF FUTURE ACTIVITIES

Staff will continue to respond to requests for information / technical assistance. The Charlotte Circle model demonstration classroom continues to serve young children with special needs, and there are plans for expanding services t o infants / toddlers in this community who are experiencing severe disabilities. St. Mark's Developmental School is changing its name to St. Mark's Circle School and maintains a strong working relationship with UNC Charlotte.

ASSURANCES

The full final report has been sent to ERIC and copies of the title page and abstract have been sent to the other addressees on the instruction sheet.

THANKS

The staff of Charlotte Circle Outreach wishes to express its appreciation to Early Education Programs for Children with Disabilities, U.S. Department of Education, for the opportunity to conduct this effort. As we've worked together with our colleagues in the replication sites and with the children and families served by them, we've had the privilege of observing some important shifts in early intervention: services have become more family-focused, more inclusive, less segregated, more professionalized, and more effective. We thank you for this change to participate in stories of success and satisfaction.

TABLE 1

PARTICIPANT EVALUATION

Charlotte Circle OUTREACH

1992-1993

Participant Information

(n=164)

Participant Feedback

Responses were 1=Strongly Disagree with statement; 5= Strongly Agree with statement. Mean ratings are presented below.

		Mean Rating
Logistics of the Presentations		
1.	The meeting environment was comfortable.	4.2
2.	The size of the group was appropriate for the sessions.	4.7
3.	There were adequate breaks during the conference.	4.7
4.	The location of the meeting was convenient.	4.7
5.	The day and time of the training was convenient	4.7
Presenters		
1.	The presenters were well prepared & organized.	4.6
2.	They were knowledgeable in the subject.	4.8
3.	They used a variety of activities that supported the content.	4.4
4.	They valued our input.	4.6
The Content		
1.	Objectives of the training were met.	4.4
2.	All topics on the agenda were addressed.	4.6
3.	The presentation materials (e.g., overhead transparencies) were relevant and helpful.	4.5
4.	The printed materials provided were relevant and helpful.	4.6
5.	Adequate illustrations and examples were used.	4.7
6.	Time was well organized.	4.4
7.	The information was relevant and can be applied in my work. informative.	4.5

		Mean Rating
The Content (continued)		
8.	I obtained new information about social reciprocity.	4.3
9.	I understand how to implement social reciprocity interventions.	4.3

Additional Information

Participants were asked to respond to open-ended questions. The following are paraphrases and categorizations of their comments.

1. Were there some aspects of the institute that were especially useful, informative?

   119 participants responded to this item 94% responded "yes"

   - Relaxation techniques
   - Video
   - Working with medically fragile children
   - Presenters' knowledge
   - Handouts
   - Curriculum Guide
   - Networking with other professionals
   - More of a sharing session than straight lecture
   - Spanish handouts/pages
   - Early communication
   - Smiling
   - Calming crying/soothability
   - Imitation
   - Play
   - Infant Massage
   - Drug exposed babies
   - Working papers
   - Examples

2. Were there some aspects of the institute that were relatively weak or not very useful?

   131 participants responded to this item 81% responded "no"

   - Ways to collaborate
   - Communication focus
   - Too much on drug exposed babies
   - Too much time on topic of cocaine
   - Too basic
   - More information on visual impairments

3. What you recommend for early interventionists in other states?

   135 participants responded to this item 96% responded "yes"

   - Curriculum Guide
   - Social reciprocity focus
   - Valuable information
   - Informative/interesting/easy to understand presentation

TABLE 2

Department of Teaching Specialties
The University of North Carolina at Charlotte
Charlotte, North Carolina 28223
704/547-2531

Revised Oct., 1992

PARENT EVALUATION

Agency _____ Child's Code _____

Describe the targeted behavior (e.g., smiling in response to teacher's face)

To Parents: You and your child's teachers have been working to improve your child's behavior that is described above. Please take a few minutes to let us know if you have noticed a difference in your child's behavior by answering the questions on this sheet. Please return it to your child's teacher as soon as possible. Thanks!

For the following, circle the number that best describes your thoughts. For example, if you strongly agree with the statement, circle 5. If you agree, but not totally, circle 4. If you strongly disagree, you think the statement is wrong, circle 1; if disagree, but not too much, circle 2. If you don't know how you feel about the statement, circle 3.

	Strongly Disagree		Neutral		Strongly Agree	n 53 mean ratings
1. I have noticed an improvement in this behavior.	1	2	3	4	5	4.7
2. I'm enjoying spending time with my child.	1	2	3	4	5	4.9
3. I'm spending more time in enjoyable activities with my child now.	1	2	3	4	5	4.8
4. I understood what we were trying to accomplish with the social intervention activities.	1	2	3	4	5	4.3
5. I used the activities at home.	1	2	3	4	5	4.8
6. I think I played an important part in these activities.	1	2	3	4	5	4.6
7. The activities were easy.	1	2	3	4	5	3.7
8. The activities fit into my schedule easily.	1	2	3	4	5	4.1
9. I talked to my child's teacher about how my child was doing at home.	1	2	3	4	5	5.0
10. My child seems happier.	1	2	3	4	5	4.3

Comments:

If you would like to tell us more about your experience with this intervention, please take a few minutes to write your comments, suggestions, problems, etc. Is there something you would have done differently? Use the back of this sheet if you need more space. Again, thanks for your help.

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CHARLOTTE CIRCLE OUTREACH
RESPONSES OF CHILDREN
RESPONSES OF PARENTS

Department of Curriculum & Instruction
The University of North Carolina at Charlotte
Charlotte, North Carolina 28223
704/547-2531

March, 1990

WORKING PAPERS AND REPRINTS: BIBLIOGRAPHY

The following annotated bibliography describes material prepared by the staff of the Charlotte Circle OUTREACH Project, University of North Carolina at Charlotte. Copies of each of these papers can be ordered by completing the attached order form.

SOCIAL RECIPROCITY

Social Reciprocity: Early Intervention Empahsis for Young Children with Severe/Profound Handicaps (1986), Mary Lynne Calhoun & Terry L. Rose, 17 pages. The social reciprocity model is described in this paper. Social reciprocity refers to the reciprocal and circular nature of parent-child interactions, in which the response of one influences the response of the other. Building these reciprocal social relationships is seen as a critical intervention focus for those working with infants with severe handicapping conditions, because these behaviors are age appropriate and functional, but are often dysfunctional in infants with severe disabilities. Related literature is reviewed and the conceptual model is explained. (#1) This paper is also available from ERIC Document Reproduction Service (No. ED294362).

DIRECT SERVICE

Building a Referral Network, (1987), Lynn Huggins, Mary Lynne Calhoun, & Terry L. Rose, 9 pages. This paper describes procedures that have proven effective for establishing sources of referrals to programs for infants with severe handicaps. Typically, these programs are new to any community. Effort must be made to alert the community and its professionals in medical and social service agencies to the existence of the new program. Relevant activities are provided. (#2)

Classroom Routines, (1987), Sheri Straughn & Linda Ladage, 9 pages. An overview of the center-based program is provided. In addition, the classroom environment and necessary equipment are described thoroughly. Detailed descriptions of a typical day's routine and IEP/IFSP development are also included. (#3)

Health and Hygiene Issues (1988), Donna Prendergast, 14 pages. Children with severe handicaps can be more susceptible to infectious diseases than their non-handicapped peers. The various medical emergencies, medical problems, and chronic problems of the Project's students are delineated. Daily hygienic procedures employed by the Project's staff, developed to provide for the safety of the children and their caregivers, are discussed in detail. This paper has been recently revised to include a discussion of special management of children with chronic viral infections, including herpes, CMV, hepatitis, and AIDS. (#4)

Home Visits (1988), Linda Ladage & Carolyn Armstrong, 9 pages. The home-based component of the Charlotte Circle Project is integral to the success of the center-based component. This paper describes the major purposes of home visits for an early intervention program. In addition, important practical considerations for scheduling and conducting home visits are discussed in detail. (#5)

INTERVENTIONS AND DATA COLLECTION

Strengthening Parent-Child Social Reciprocity: Key Behaviors of Young Children with Severe Handicaps (1988), Mary Lynne Calhoun, Terry L. Rose & Fred Spooner, 14 pages. This descriptive study investigated, through direct observational and social validation research, what discriminative and reinforcing effects different child characteristics have on parent behaviors. Key child behaviors that appear to be related to increased parental interactions are identified. Suggestions are made for interventions to facilitate socially reciprocal interaction between children with severe handicaps and their families. (#6)

CURRICULUM MATERIALS

Charlotte Circle Curriculum Guide (1988), Mary Lynne Calhoun, Terry L. Rose, & Donna Prendergast, 46 pages. The Charlotte Circle Curriculum Guide is a supplementary, rather than comprehensive, curriculum guide emphasizing social reciprocity goals. Useful in a variety of settings, it can be used as part of an early intervention program for young children with severe/profound handicaps in addition to other therapeutic and educational interventions. Social reciprocity goals emphasize families and children and what they mean to each other. Some goal areas will emphasize children's activities while others focus more directly on parents. In all cases, the commonality is the desire to support the relationship between parents and their children and to improve the quality of their lives. Data collection strategies are provided for each goal area to assist in identifying needs and monitoring progress. The Charlotte Circle Curriculum Guide is available at cost, currently $10.00 per copy which includes postage and handling.

PUBLISHED ARTICLES

Calhoun, M.L., & Rose, T.L. (1988). Strategies for managing and comforting crying in early intervention programs. Journal of the Division for Early Childhood, 12, 306-310.

Because babies with handicaps may cry more frequently and in different ways than their nonhandicapped age-peers, there is a strong need to develop strategies for dealing with crying in early intervention settings. This paper reviews the literature on the crying of handicapped babies and describes environmental considerations, techniques for providing comfort, observation and data collection techniques, and makes suggestions for coping strategies for caregivers. (Reprint # 1).

Calhoun, M.L., & Rose, T.L. (1988). Early social reciprocity interventions with infants with severe retardation: Current findings and implications for the future. Education and Training of the Mentally Retarded, 23, 340-343.

A discussion of the special education profession"s special opportunity to increase effective services to the youngest children with severe handicaps. Provides a discussion of flexible service delivery options, practices to promote health and responsiveness, and curriculum approaches that respect the importance of infant-caregiver interactions that should improve the quality of life for very young children with severe disabilities and their families. (Reprint # 2)

Calhoun, M.L., Calhoun, L.G., & Rose, T.L. (1989). Parents of babies with severe handicaps: Concerns about early intervention. Journal Early Intervention, 13, 146-152.

This paper describes the results of a study, using naturalistic inquiry methods, that investigated the concerns of parents as they explored early intervention services for their infants with severe handicaps. Several areas of parental concern are identified and discussed. Implications for professional practice are discussed. (Reprint # 3)

Calhoun, M.L., & Rose, T.L. (1989). Special focus - Serving young children with severe handicaps: Promoting positive parent-child interactions. Teaching Exceptional Children, 21 (4), 44-53.

This series of articles describes ways to help parents interpret and respond to their infant's behavior, ways to help children respond to their caregivers, and ways to help parents and their children have pleasant experiences within the community. The following papers are included in the special focus series. (Reprint # 4)

Calhoun, M.L., Rose, T.L., & Armstrong, C. Early participation in the community.

Hedlund, R. Fostering positive social interactions between parents and their severely handicapped/medically fragile infant.

Rose, T.L., Calhoun, M.L., & Ladage, L. Helping young children respond to caregivers.

Spooner, F., Calhoun, M.L., & Rose, T.L. (1989). An observational coding strategy for the socially reciprocal interactions of infants with severe handicaps and their caregivers. Journal of Special Education Technology, 10, 44-53.

This paper describes the observation coding strategy used to collect data on socially reciprocal interactions. Also discussed are the necessary computer hardware and software developed by the Project to summarize and analyze the interactional data. (Reprint # 5)

Rose, T.L., & Calhoun, M.L. (in press). The Charlotte Circle Project: A program for infants and toddlers with severe/profound disabilities. Journal of Early Intervention.

This paper describes the Project's model, the participating children and their families, the Project's daily activities, and, briefly, evaluative findings regarding the Project's implementation and outcome. (Reprint #6)

Rose, T.L., Calhoun, T.L., & Prendergast, D. (in press). Interrater reliability and test-retest stability of the Developmental Activities Screening Inventory II. Diagnostique.

Problems associated with assessing very young children with severe handicaps using norm-referenced instruments are significant. One alternative is to use curriculum-based assessment instruments. While many psychometric characteristics common to norm-referenced tests are not appropriate for curriculum-based assessment instruments, interrater reliability and test-retest stability (reliability) are, due to the formative, as well as summative, uses of these instruments. This paper describes the results of a study of interrater reliability and test-retest stability across administrations and raters. (Reprint #7)

Rose, T.L., & Calhoun, M.L. (in press). The Charlotte Circle Project: Description and evaluation of a program for infants and toddlers with severe/profound disabilities. Education and Treatment of Children.

This paper describes the Project's model, the participating children and their families, the Project's daily activities, and emphasizes evaluative findings regarding the Project's implementation and outcome. (Reprint #8)

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